

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/719326	FILING DATE
APPLICANT(S):		

CLAIMS

AS FILED	AFTER		AFTER					
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	IND.	DEP.	2nd AMENDMENT
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TOTAL IND.	1							
TOTAL DEP.	23							
TOTAL CLAIMS	24							

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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS